UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA ATLANTA DIVISION

| IN RE: |) | CHAPTER 13 |
|----------------------------|---|-----------------------|
| VAUGHNETTE MICHELLE JONES, |) | |
| |) | CASE NO. 24-50770-PWB |
| Debtor. |) | |

AMENDMENT TO SCHEDULES, SUMMARY OF SCHEDULES, AND STATISTICAL SUMMARY

COMES NOW, Vaughnette Michelle Jones, Debtor, by and through the attorney of record, and files this Amendment to Schedules, Summary of Schedules, and Statistical Summary, and shows the Court the following:

- 1. Amended Schedule D to disclose a secured debt
- 2. Amended Schedule I to update income figures;
- 3. Amended Schedule J to update the expense figures;
- 4. Amended Summary of Schedules; and,
- 5. Amended Statistical Summary.

This 29th day of September, 2025.

Respectfully Submitted by, BURROW & ASSOCIATES, LLC

 $/_{\rm S}/$

Kevin Grindlay
Attorney for the Debtor
Georgia Bar No. 350009
2280 Satellite Blvd.
Bldg. A, Suite 100
Duluth, Georgia 30097
(678) 942-8640
bankruptcy@legalatlanta.com

Case 24-50770-pwb Doc 39 Filed 09/29/25 Entered 09/29/25 07:00:04 Desc Main Document Page 2 of 15

| Fill in this information to identify your case: | | | | | |
|---|--------------------------------|--|---|--|--|
| Vaughnette Michelle Jones | | | | | |
| First Name | Middle Name | Last Name | | | |
| | | | | | |
| First Name | Middle Name | Last Name | | | |
| ankruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA | | | |
| 24-50770 | | | | | |
| | | | | | |
| • | Vaughnette Micho First Name | Vaughnette Michelle Jones First Name Middle Name First Name Middle Name ankruptcy Court for the: NORTHERN DISTRICT | Vaughnette Michelle Jones First Name Middle Name Last Name First Name Middle Name Last Name ankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA | | |

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

| | Yes. Fill in all of the information | below. | | | |
|---|---|---|--|--|--------------------------|
| Part 1 | List All Secured Claims | | | | |
| 2. List a | all secured claims. If a creditor has n | nore than one secured claim, list the creditor separately for | Column A | Column B | Column C |
| | aim. If more than one creditor has a pible, list the claims in alphabetical ord | particular claim, list the other creditors in Part 2. As much ler according to the creditor's name. | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 e | Pawn | Describe the property that secures the claim: | \$556.25 | \$500.00 | \$556.25 |
| C | reditor's Name | Mother's jewelry used as collateral | | | |
| - | 362 Fairburn Rd Douglasville, GA 30134 | As of the date you file, the claim is: Check all that apply. Contingent | | | |
| N | umber, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | 4 1100 | Disputed | | | |
| Who o | wes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only ■ An agreement you made (such as mortgage or secure car loan) | | | ed | | |
| ☐ Deb | tor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit | | | | | |
| | ck if this claim relates to a mmunity debt | Other (including a right to offset) | | | |
| Date de | ebt was incurred | Last 4 digits of account number | | | |

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| Debtor 1 Vaughnette Michelle Jo | nes | Case number (if known) | 24-50770 | |
|--|--|------------------------|-------------|------------|
| First Name Middle Na | ame Last Name | | | |
| Georgia's Own Credit Union | Describe the property that secures the claim: | \$19,780.00 | \$18,575.00 | \$1,205.00 |
| Creditor's Name | 2020 Kia Sorento 90000 miles | | | |
| Attn: Bankruptcy Po Box 105205 Atlanta, GA 30348 Number, Street, City, State & Zip Code Who owes the debt? Check one. | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only □ Debtor 2 only | An agreement you made (such as mortgage or s car loan) | ecured | | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt | ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) | | | |
| Date debt was incurred Opened 02/22 Last Active 10/23 | Last 4 digits of account number 5372 | 2 | | |
| Add the dollar value of your entries in Co | olumn A on this page. Write that number here: | \$20,336 | 25 | |
| If this is the last page of your form, add t | \$20,336 | | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Fill in this inform | nation to identify your case: | |
|---------------------------------|---|---|
| Debtor 1 | Vaughnette Michelle Jones | |
| Debtor 2 (Spouse, if filing) | | |
| United States B | ankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA | |
| Case number | 24-50770 | Check if this is: |
| (If known) | | An amended filing |
| | | A supplement showing postpetition chapter 13 income as of the following date: |
| Official F | orm 106I | MM / DD/ YYYY |

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Fill in your employment information. | | Debtor 1 | Debtor 2 or non-filing spouse |
|---|----------------------|--|-------------------------------|
| If you have more than one job, | Francis manufacture | ■ Employed | ☐ Employed |
| attach a separate page with information about additional | Employment status | ☐ Not employed | ☐ Not employed |
| employers. | Occupation | Physician | |
| Include part-time, seasonal, or self-employed work. | Employer's name | Daffodil Pediatrics & Family Medical | |
| Occupation may include student or homemaker, if it applies. | Employer's address | 4905 Courtney Drive Forest Park, GA 30297 | |
| | How long employed to | here? 5 years | |

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 14,084.00 \$ N/A

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ N/A

. Calculate gross Income. Add line 2 + line 3. 4. \$ __14,084.00 \$ __N/A

Official Form 106I Schedule I: Your Income page 1

| Debtor 1 | Vaughnette Michelle Jones | | Case | number (<i>if known</i>) | 24-50770 | |
|---------------------|--|------------|------------|----------------------------|----------------------|-------------------------|
| | | | | | | |
| | | | For | Debtor 1 | For Debtor | |
| C | opy line 4 here | 4. | \$ | 14,084.00 | non-filing | N/A |
| C | opy line 4 here | ٦. | Ψ_ | 14,004.00 | Ψ | IN/A |
| 5. Li | st all payroll deductions: | | | | | |
| 58 | • | 5a. | \$ | 3,961.00 | \$ | N/A |
| 5b | · | 5b. | \$ | 0.00 | \$ | N/A |
| 50 | , | 5c. | \$ | 1,127.00 | \$ | N/A |
| 50 | 1, | 5d. | \$ | 0.00 | \$ | N/A |
| 56 | | 5e. | \$ | 477.00 | \$ | N/A |
| 5f | ., • | 5f. | \$ | 0.00 | \$ | N/A |
| 50 | | 5g. | \$ | 0.00 | \$ | N/A |
| 5ł | Other deductions. Specify: | _ 5h.+ | \$ | 0.00 | + \$ | N/A |
| 6. A | dd the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 5,565.00 | \$ | N/A |
| 7. C | alculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 8,519.00 | \$ | N/A |
| 8. Li 88 | st all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | N/A |
| 8k | • | 8b. | \$_ | 0.00 | \$ | N/A |
| 80 | E. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | | · <u> </u> | | · | |
| 0. | settlement, and property settlement. | 8c. | \$_ | 0.00 | \$ | N/A |
| 80 86 | r i i i j | 8d. 8e. | \$ \$ | 0.00 | \$ \$ | N/A N/A |
| 8f | • | oe. | Ψ | 0.00 | Ψ | IN/A |
| | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.00 | \$ | N/A_ |
| 80 | | 8g. | \$_ | 0.00 | \$ | N/A |
| 81 | Other monthly income. Specify: | 8h.+ | \$ | 0.00 | + \$ | N/A |
|). A (| dd all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | N/A |
| | Noviete monthly income. Add line 7 : line 0 | 0. \$ | | 3.519.00 + \$ | NI/A | = \$ 8,519.00 |
| | alculate monthly income. Add line 7 + line 9. Id the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | υ. φ | • | 3,519.00 + \$ | N/A | = \$ 8,519.00 |
| In ot D | ate all other regular contributions to the expenses that you list in <i>Schedule</i> clude contributions from an unmarried partner, members of your household, your her friends or relatives. To not include any amounts already included in lines 2-10 or amounts that are not a pecify: | depen | | | ted in <i>Schedu</i> | le J. +\$ 0.00 |
| W | dd the amount in the last column of line 10 to the amount in line 11. The resurite that amount on the Summary of Schedules and Statistical Summary of Certain plies | | | | | \$ 8,519.00 |
| | | | | | | Combined monthly income |
| 13. D . ■ | | • | | | | |

Official Form 106l Schedule I: Your Income page 2

| Fill | in this informa | tion to identify y | our case: | | | | | | | |
|-----------|--------------------------------|------------------------------------|---------------|--|---|------------|---------------|------------|--|--------|
| Deb | tor 1 | Vaughnette | Michelle | Jones | | Ch | eck if this i | s: | | |
| | | | | | | | | ded filing | | |
| | tor 2 ouse, if filing) | | | | | | | | wing postpetition cha the following date: | apter |
| (Opt | ouse, ii iiiiiig) | | | | | | | | the following date. | |
| Unit | ed States Bankru | uptcy Court for the: | NORTH | IERN DISTRICT OF GEO | RGIA | | MM / DD | / YYYY | | |
| | | -50770 | | | | | | | | |
| (lf kr | nown) | | | | | | | | | |
| \bigcap | fficial Fo | rm 106 l | | | | | | | | |
| | | J: Your | Exner | 1888 | | | | | | 12/15 |
| | | | | . If two married people a | re filing together, bo | oth are e | qually resi | onsible f | for supplying corre | |
| info | ormation. If m | ore space is ne | eded, atta | ach another sheet to this | | | | | | |
| nur | nber (it know | n). Answer eve | ry questio | n. | | | | | | |
| Par | | ibe Your House | hold | | | | | | | |
| 1. | Is this a join | | | | | | | | | |
| | ■ No. Go to | | in a conar | ate household? | | | | | | |
| | □ res. Doe . | | iii a sepai | ate nousenoid: | | | | | | |
| | | | st file Offic | ial Form 106J-2, <i>Expenses</i> | s for Separate House | ehold of D | ebtor 2. | | | |
| | | | | | | | | | | |
| 2. | Do you have | dependents? | ■ No | | | | | | | |
| | Do not list De and Debtor 2 | | ☐ Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | Depe age | ndent's | Does dependent live with you? | |
| | Do not state | the | | | | | | | □ No | |
| | dependents i | names. | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| | | | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| | | | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| 3. | Do your exp | enses include | _ | | | | | | ☐ Yes | |
| Э. | | people other t | han | No | | | | | | |
| | yourself and | l your depende | nts? ⊔ | Yes | | | | | | |
| | | ate Your Ongoi | | | | | | | | |
| | | | | uptcy filing date unless y | | | | | | |
| | enses as of a dicable date. | date after the | bankruptc | y is filed. If this is a supp | olemental Schedule | J, cneci | tne box a | tne top o | of the form and fill | in the |
| • | | | | | | | | | | |
| | | | | government assistance i cluded it on <i>Schedule I:</i> ' | | | | | | |
| (Of | ficial Form 10 | 6I.) | | | | | | Your exp | enses | |
| | | | | | | | | | | |
| 4. | | r home owners d any rent for th | | ises for your residence. I or lot. | nclude first mortgage | 4. | \$ | | 1,779.00 | |
| | If not includ | ed in line 4: | | | | | | | | |
| | 4a. Real e | state taxes | | | | 4a. | \$ | | 0.00 | |
| | | ty, homeowner's | s, or renter | 's insurance | | 4b. | : | | 25.00 | |
| | | • | | upkeep expenses | | 4c. | \$ | | 75.00 | |
| _ | | owner's associat | | dominium dues | and a manager to a | 4d. | \$ | | 0.00 | |
| n | | | | | | | | | | |

| Debtor | Vaughnette Michelle Jones | Case num | ber (if known) | 24-50770 |
|-----------------|---|-------------|----------------|-----------------------------|
| 6. Ut i | ilities: | | | |
| 6a | | 6a. | \$ | 450.00 |
| 6b | . Water, sewer, garbage collection | 6b. | \$ | 125.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 250.00 |
| 6d | Other. Specify: | 6d. | \$ | 0.00 |
| 7. Fo | od and housekeeping supplies | 7. | \$ | 530.00 |
| 8. C h | ildcare and children's education costs | 8. | \$ | 0.00 |
| 9. Cl | othing, laundry, and dry cleaning | 9. | \$ | 150.00 |
| 10. Pe | rsonal care products and services | 10. | \$ | 200.00 |
| | edical and dental expenses | 11. | \$ | 310.00 |
| 12. Tr a | ansportation. Include gas, maintenance, bus or train fare. | | | |
| Do | not include car payments. | 12. | | 815.00 |
| 13. En | tertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| 14. Ch | aritable contributions and religious donations | 14. | \$ | 0.00 |
| - | surance. | | | |
| | not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | a. Life insurance | 15a. | | 0.00 |
| 15 | b. Health insurance | 15b. | \$ | 0.00 |
| 15 | c. Vehicle insurance | 15c. | \$ | 350.00 |
| 15 | d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| 16. Ta | xes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | | |
| Sp | ecify: | 16. | \$ | 0.00 |
| 17. Ins | stallment or lease payments: | | | |
| 17 | a. Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| 17 | b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| 17 | c. Other. Specify: Dues License course | 17c. | \$ | 200.00 |
| | d. Other. Specify: DEA license | 17d. | \$ | 28.00 |
| | ur payments of alimony, maintenance, and support that you did not report as | | - | |
| de | ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| 19. Ot | her payments you make to support others who do not live with you. | | \$ | 0.00 |
| Sp | ecify: | 19. | - | |
| 20. Ot | her real property expenses not included in lines 4 or 5 of this form or on Sche | edule I: Y | our Income. | |
| 20 | a. Mortgages on other property | 20a. | \$ | 0.00 |
| 20 | b. Real estate taxes | 20b. | \$ | 0.00 |
| 20 | c. Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20 | e. Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| 21. Ot | her: Specify: | 21. | +\$ | 0.00 |
| | ' ' | | | 0.00 |
| | Iculate your monthly expenses | | | |
| 22 | a. Add lines 4 through 21. | | \$ | 5,287.00 |
| 22 | b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 22 | c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 5,287.00 |
| | | | <u> </u> | |
| | Iculate your monthly net income. | | | |
| | a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | | 8,519.00 |
| 23 | b. Copy your monthly expenses from line 22c above. | 23b. | -\$ | 5,287.00 |
| | | | | |
| 23 | c. Subtract your monthly expenses from your monthly income. | 00.5 | • | 3,232.00 |
| | The result is your monthly net income. | 23c. | \$ | 3,232.00 |
| For mo | you expect an increase or decrease in your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect your notification to the terms of your mortgage? No. | | | se or decrease because of a |
| | Yes. Explain here: | | | |
| Ц | 165. Lapiaii Hele. | | | |

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| Fill in this information to identify your case: | | | | | | | |
|---|---------------------------|-------------------|------------|--|--|--|--|
| Debtor 1 | Vaughnette Michelle Jones | | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF GEORGIA | | | | |
| Case number | 24-50770 | | | | | | |
| (if known) | | | | | | | |
| | | | | | | | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your as Value o | ssets of what you own |
|----|---|--------------------|-------------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 47,025.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 47,025.00 |
| Pa | rt 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 20,336.25 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 72,162.00 |
| | Your total liabilities | \$ | 92,498.25 |
| Pa | rt 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 8,519.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 5,287.00 |
| Pa | rt 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | our other so | chedules. |
| 7. | ■ Yes What kind of debt do you have? | | |

the court with your other schedules.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

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Debtor 1 Vaughnette Michelle Jones

Case number (if known) 24-50770

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 15,398.41

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total cl | aim |
|--|----------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 37,230.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 37,230.00 |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA ATLANTA DIVISION

DECLARATION UNDER PENALTY OF PERJURY

I, Vaughnette Michelle Jones, being of legal age do hereby verify and state that all of the information set forth in the foregoing amendment/pleading is true and correct to the best of my knowledge, information and belief.

| This 27th day of September, 2025. | |
|-----------------------------------|---------------------------|
| | |
| | /s/ |
| | VAUGHNETTE MICHELLE JONES |

CERTIFICATE OF SERVICE

I do hereby certify that I have this day served the within and foregoing Amendment to Schedules, Summary of Schedules, and Statistical Summary by depositing same in the United States mail, properly addressed as follows:

K. Edward Safir Standing Chapter 13 Trustee Suite 1600 285 Peachtree Center Ave NE Atlanta, GA 30303

Vaughnette Michelle Jones 804 Lincoln Crest Drive Austell, GA 30106

All parties on attached matrix

A copy of this Amendment, the Notice of Bankruptcy Filing, and a copy of the Chapter 13 plan have been mailed to all creditors on the attached Supplemental Mailing Matrix

This 29th day of September, 2025.

Respectfully Submitted by, BURROW & ASSOCIATES, LLC

s/

Kevin Grindlay
Attorney for the Debtor
Georgia Bar No. 350009
2280 Satellite Blvd.
Bldg. A, Suite 100
Duluth, Georgia 30097
(678) 942-8640
bankruptcy@legalatlanta.com

Case 24-50770-pwb Label Matrix for local noticing 113E-1 Case 24-50770-pwb Northern District of Georgia Atlanta Mon Sep 29 06:49:37 EDT 2025

Connie L. Beardsley Unit 55 129 Holiday Rd Buford, GA 30518-1658

Credit Central 700 E North St, Ste 15 Greenville, SC 29601-3013

First Investors Financial Dept Attn: Bankruptcy 3065 Akers Mill Rd Se, Ste 700 Atlanta, GA 30339-3124

Georgia's Own Credit Union c/o D. Tyler Van Leuven, Esq. Post Office Box 3637 Tallahassee, FL 32315-3637

Hollis Cobb 6621 Bay Circle Suite 180 Norcross, GA 30071-1218

(p) LENDMARK FINANCIAL SERVICES 2118 USHER ST

COVINGTON GA 30014-2434

Office of the United States Trustee 362 Richard Russell Building 75 Ted Turner Drive, SW Atlanta, GA 30303-3315

Phenix Fin 2430 E. 8th Street Odessa, TX 79761-4902

K. Edward Safir Standing Chapter 13 Trustee Suite 1600 285 Peachtree Center Ave. NE Atlanta, GA 30303-1229

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Michael F. Burrow Burrow & Associates, LLC Building A, Suite 100 2280 Satellite Blvd. Duluth, GA 30097-5000

Esusu/fcps 215 West 125th Street New York, NY 10027-4426

Forest Glen Apartment 4236 Austell Rd Austell, GA 30106-8239

Georgia's Own Credit Union Post Office Box 3637 Tallahassee, FL 32315-3637

Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346

(p) MOHELA CLAIMS DEPARTMENT 633 SPIRIT DRIVE CHESTERFIELD MO 63005-1243

OneMain Financial Attn: Bankruptcy Po Box 3251 Evansville, IN 47731-3251

Quantum3 Group LLC as agent for CASCADE CAPITAL FUNDING LLC PO Box 788 Kirkland, WA 98083-0788

Robert D. Schwartz Robert D. Schwartz P O Box 160100 Atlanta, GA 30316-1002 Allen M Bearden Burrow & Associates, LLC Bldg A, Suite 100 2280 Satellite Blvd Duluth, GA 30097-5000

Connie L. Beardsley 129 Holiday Rd. Unit 55 Buford, GA 30518-1658

Robert J. Fehse Evans Petree Suite 800 1715 Aaron Brenner Drive Memphis, TN 38120-1445

(p) GEORGIA DEPARTMENT OF REVENUE BANKRUPTCY 2595 CENTURY PKWY NE SUITE 339 ATLANTA GA 30345-3173

Green Funds Group Green Funds Express PO BOX 1427 Addison, IL 60101-8427

Vaughnette Michelle Jones 804 Lincoln Crest Drive Austell, GA 30106-8227

Shweta Maheshwari 2600 Milscott Drive, Apt. 1330 Decatur, GA 30033-6025

Petland/Comenity Bank Attn: Bankruptcy Po Box 182125 Columbus, OH 43218-2125

Quantum3 Group LLC as agent for Crown Asset Management LLC PO Box 788 Kirkland, WA 98083-0788

H. Michael Solloa Jr. Tripp Scott, P.A. 110 SE 6th Street 15th Floor Fort Lauderdale, FL 33301-5004

Case 24-50770-pwb Southeast Toyota Finance 260 Interstate North Cir., SE Atlanta, GA 30339-2210

Doc 39 Filed 09/29/25 Entered 09/29/25 07:00:04 Desc Main Springle Fitners Page 13 of 15 (p) SUNSET MANAGEMENT CO LLC Springle Finent Page 13 of 15 9365 The Landing Dr Ste E 400 Douglasville, GA 30135-7139

ATTN KRISTIN WILSON 510 MOUNTIAN VIEW DR SUITE 500 SENECA SC 29672-2145

Sunset Finance Of CA Attn: Bankruptcy

510 Mountain View Dr, Ste 500

Seneca, SC 29672-2145

(p) TRANSFORM CREDIT INC 1440 W TAYLOR ST # 431 CHICAGO IL 60607-4623

United States Attorney Northern District of Georgia 75 Ted Turner Drive SW, Suite 600 Atlanta GA 30303-3309

David Tyler Van Leuven Sorenson Van Leuven, PLLC

PO Box 3637 Tallahassee, FL 32315-3637

Walters Management Attn: Bankruptcy Po Box 2935 Gainesville, GA 30503-2935 David S. Weidenbaum Office of the U.S. Trustee 362 Richard B. Russell Bldg. 75 Ted Turner Drive, SW Atlanta, GA 30303-3330

Wilkes Finance 999 Veterans Memorial Hwy SW Mableton, GA 30126-3103

Wilkes Finance Attn: Bankruptcv 8542 Hospital Drive Douglasville, GA 30134-2413 Wilkes Finance Corp Attn: Bankruptcy 6160 Fairburn Rd Douglasville, GA 30134-1993

World Finance Corp Attn: Bankruptcy Po Box 6429

Greenville, SC 29606-6429

World Omni Financial Corp. Attn: Bankruptcy 6150 Omni Park Drive Mobile, AL 36609-5195

World Omni Financial Corp. c/o H. Michael Solloa, Jr., Esq. Tripp Scott, P.A. 110 SE 6th Street.

Fort Lauderdale. FL. 33301-5000

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g) (4).

Georgia Department of Revenue Compliance Division ARCS Bankruptcy 1800 Century Blvd. NE, Suite 9100 Atlanta, GA 30345-3202

Sunset Finance Co., LLC. Attn: Kristin Wilson 510 Mountain View Drive Suite 500

Seneca, SC 29672

(d) US Department of Education/MOHELA 633 Spirit Drive Chesterfield, MO 63005

Lendmark Financial Services Attn: Bankruptcy 1735 North Brown Rd, Ste 300 Lawrenceville, OH 30043

MOHELA Attn: Bankruptcy 633 Spirit Dr Chesterfield, MO 63005

Transform Credit Inc 1440 W TAYLOR ST PMB 431 CHICAGO, IL 60607

(d) Transform Credit Inc Attn: Bankruptcy 332 S Michigan Ave, 9th Floor Chicago, IL 60604

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2600 Milscott Drive, Apt 1330 Decatur, GA 30033-6025

End of Label Matrix
Mailable recipients 44
Bypassed recipients 3
Total 47

SUPPLEMENTAL MAILING MATRIX

ePawn 6362 Fairburn Rd Douglasville, GA 30134